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PTO/SB/83 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035
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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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CORRESPONDENCE ADDRESS**

Application Number	09/853,850
Filing Date	05/10/2001
First Named Inventor	Vilcauskas
Art Unit	3629
Examiner Name	Mooneyham, Janice A.
Attorney Docket Number	Exit:DistIP

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Attorney time constraints. Client has been informed about intent to withdraw by telephone and post.

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Andy Vilcauskas, ExitExchange Corporation				
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Signature					
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Date	October 10, 2005	Telephone No.	503-810-2560		

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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